

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-975)</small>							<small>SERIAL NO.</small> 09-403107	<small>FILING DATE</small> 14 OCT 1999					
							<small>APPLICANT(S)</small> <i>Lufer</i>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			101				TOTAL DEP.				13		
TOTAL CLAIMS			104				TOTAL CLAIMS				14		

PTO-1340 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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